

27404

STANDARD CERTIFICATE OF DEATH

State File No.

7364

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MO</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <i>St Louis</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Bernard's Hospital</i>				STREET ADDRESS (If rural, give location) <i>21 2737 Lawton 22190</i>			
3. NAME OF DECEASED (Type or Print)		a. (First) <i>Morris</i>		b. (Middle)		c. (Last) <i>Carson</i>	
4. DATE OF DEATH (Month) (Day) (Year)		5. SEX <i>Male</i>		6. COLOR OR RACE <i>Negro</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	
8. DATE OF BIRTH <i>8 Mar 1920</i>		9. AGE (In years last birthday) <i>35</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		11. BIRTHPLACE (City and State or foreign Country) <i>Helena Arkansas</i>	
12. CITIZEN OF WHAT COUNTRY? <i>US</i>		13a. FATHER'S NAME <i>Will Carson</i>		13b. MOTHER'S MAIDEN NAME <i>Bessie Scott</i>		14. NAME OF HUSBAND OR WIFE <i>Alene Carson</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>Yes</i>		16. SOCIAL SECURITY NO. <i>Work with</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Leon Carson</i> ADDRESS <i>3010 Pine</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Extensive Retro-peritoneal Hemorrhage; Contrib. to death by (b) of Pancreas (head) with delay; suffered in altercation with one Dennis Hauer, who kicked deceased in stomach, vicinity of Cwing and Lawton, about 900 p.m., Aug 19, 1955.</i>			
2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF AUTOPSY <i>Stomach, approx 900 p.m., Aug 19, 1955.</i>			
21a. ACCIDENT, SUICIDE, OR HOMICIDE (Specify) <i>Suicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Street</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St Louis MO</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME (Month) (Day) (Year) (Hour) <i>Aug 19 55 9:00 p.m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>E483</i>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, m., from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) <i>Patrick C. Taylor</i>				23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>8.23.55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>25 Aug 55</i>		24c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St Louis MO</i>	
DATE REC'D BY LOCAL REG. <i>AUG 23 1955</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Reliable Funeral Hqs 1221 N. 2nd St</i> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48
009

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FILED SEP 8 1955

2. 3.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Paul V. Freeman

Licensed Embalmer No. *4686*
P. O. Address *4779 1/2 Avenue*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.